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Doc#: 0622905317 Fee: \$30.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/17/2006 03:45 PM Pg: 1 of 4

122831 2/2

~~ASSIGNMENT OF MORTGAGE~~ COVER SHEET

Deceased Joint Tenants Aff T

File Number:

122831

Borrower (s):

PIN:

CKA:

Property of Cook County Clerk's Office

HUB

BOX 441

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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

ss.

Order No. 122831-211c

Mary Edna Miller being duly sworn
states that she resides at 1519 W. 10th in the City of Chicago, IL

That she was acquainted with William Edward Miller
deceased who, at the time of her death, was one of the owners of the land in COOK
County, Illinois, described as:

That the deceased died 10/10/99, as evidenced by a
certified copy of death certificate of the deceased attached hereto.

That the deceased died:

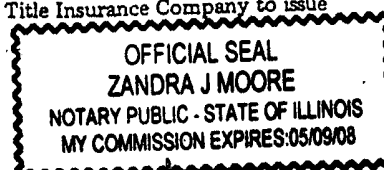
- ☒ Leaving no Last Will & Testament.
- ☐ Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- ☐ Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of -0- dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Mary Edna Miller
this 10th day of August, A.D. 2006
Zandra J Moore
Notary Public



Mary Edna Miller
(affiant's signature)

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REGISTRATION
DISTRICT NO. **16.10**

REGISTERED

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE
NUMBER

617129

DECEASED-NAME William Edward Miller		FIRST Edward		MIDDLE Miller		LAST Male		SEX Male		DATE OF DEATH (MONTH, DAY, YEAR) October 10, 1999	
COUNTY OF DEATH Cook		AGE-LAST BIRTHDAY 71		UNDER 1 YEAR 11		UNDER 1 DAY 11		DATE OF BIRTH (MONTH, DAY, YEAR) September 27, 1928		IF HOSP. OR INST. INDICATE (YES/NO) NO	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NEITHER, GIVE STREET AND NUMBER) Bethany Hospital		NAME OF SURVIVING SPOUSE (MARRIED, FEMININE) Mary Edna Miller		EDUCATION (SPECIFY ON HIGHEST GRADE COMPLETED) High School		WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, OR MARINE CORPS (YES/NO) NO		WAS DECEASED EVER IN U.S. AIR FORCE, NAVY, AIR FORCE, OR MARINE CORPS (YES/NO) NO	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, Illinois		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		NAME OF BUSINESS OR INDUSTRY General		EDUCATION (SPECIFY ON HIGHEST GRADE COMPLETED) High School		WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, OR MARINE CORPS (YES/NO) NO		WAS DECEASED EVER IN U.S. AIR FORCE, NAVY, AIR FORCE, OR MARINE CORPS (YES/NO) NO	
SOCIAL SECURITY NUMBER 10461-34-8651		USUAL OCCUPATION 11a. Labor		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		INSIDE CITY (YES/NO) YES		COUNTRY Cook		CITY OR TOWN, STATE, ZIP Chicago, Illinois, 60610	
RESIDENCE (STREET AND NUMBER) 3518 W. Polk St.		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) Black		SPANISH ORIGIN? (SPECIFY YES/NO) (YES/NO) YES		CITY OR TOWN, STATE, ZIP Chicago, Illinois, 60624		CITY OR TOWN, STATE, ZIP Chicago, Illinois, 60624		CITY OR TOWN, STATE, ZIP Chicago, Illinois, 60624	
FATHER-NAME FIRST MIDDLE LAST Johnnie Miller		MOTHER-NAME FIRST MIDDLE LAST Lenora Harvey		MOTHER-NAME FIRST MIDDLE LAST Lenora Harvey		MOTHER-NAME FIRST MIDDLE LAST Lenora Harvey		MOTHER-NAME FIRST MIDDLE LAST Lenora Harvey		MOTHER-NAME FIRST MIDDLE LAST Lenora Harvey	
INFORMANT'S NAME (TYPE OR PRINT) Mary Edna Miller		RELATIONSHIP Wife		MAILING ADDRESS (STREET, CITY, STATE, ZIP) 1351 E. 12th St., Chicago, IL 60624		MAILING ADDRESS (STREET, CITY, STATE, ZIP) 1351 E. 12th St., Chicago, IL 60624		MAILING ADDRESS (STREET, CITY, STATE, ZIP) 1351 E. 12th St., Chicago, IL 60624		MAILING ADDRESS (STREET, CITY, STATE, ZIP) 1351 E. 12th St., Chicago, IL 60624	
18. PART I: Immediate Cause (Final disease or condition resulting in death) Metastatic lung cancer		(a) DUE TO, OR AS A CONSEQUENCE OF Metastatic lung cancer		(b) DUE TO, OR AS A CONSEQUENCE OF Metastatic lung cancer		(c) DUE TO, OR AS A CONSEQUENCE OF Metastatic lung cancer		(d) DUE TO, OR AS A CONSEQUENCE OF Metastatic lung cancer		(e) DUE TO, OR AS A CONSEQUENCE OF Metastatic lung cancer	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. Metastatic lung cancer		(a) DUE TO, OR AS A CONSEQUENCE OF Metastatic lung cancer		(b) DUE TO, OR AS A CONSEQUENCE OF Metastatic lung cancer		(c) DUE TO, OR AS A CONSEQUENCE OF Metastatic lung cancer		(d) DUE TO, OR AS A CONSEQUENCE OF Metastatic lung cancer		(e) DUE TO, OR AS A CONSEQUENCE OF Metastatic lung cancer	
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in (PART I)		(a) DUE TO, OR AS A CONSEQUENCE OF Metastatic lung cancer		(b) DUE TO, OR AS A CONSEQUENCE OF Metastatic lung cancer		(c) DUE TO, OR AS A CONSEQUENCE OF Metastatic lung cancer		(d) DUE TO, OR AS A CONSEQUENCE OF Metastatic lung cancer		(e) DUE TO, OR AS A CONSEQUENCE OF Metastatic lung cancer	
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) YES		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) YES		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) YES		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) YES	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 9-30-99		21b. DATE SIGNED (MONTH, DAY, YEAR) 8-44-99		21c. DATE SIGNED (MONTH, DAY, YEAR) 8-44-99		21d. DATE SIGNED (MONTH, DAY, YEAR) 8-44-99		21e. DATE SIGNED (MONTH, DAY, YEAR) 8-44-99		21f. DATE SIGNED (MONTH, DAY, YEAR) 8-44-99	
22a. SIGNATURE Mary Edna Miller		22b. SIGNATURE Mary Edna Miller		22c. SIGNATURE Mary Edna Miller		22d. SIGNATURE Mary Edna Miller		22e. SIGNATURE Mary Edna Miller		22f. SIGNATURE Mary Edna Miller	
22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Mary Edna Miller		22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Mary Edna Miller		22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Mary Edna Miller		22d. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Mary Edna Miller		22e. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Mary Edna Miller		22f. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Mary Edna Miller	
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. North		22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. North		22e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. North		22f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. North		22g. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. North		22h. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. North	
23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, Illinois		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago	
24. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, Illinois		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago	
25. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, Illinois		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago	

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.



Sheila Lyne RSM

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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TICOR TITLE INSURANCE COMPANY

Commitment Number: 122831-RILC

SCHEDULE C PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

LOT 9 IN BLOCK 1 IN WESTHAVEN NORTH A SUBDIVISION IN THE EAST 1/2 OF THE NORTHEAST 1/4
AND IN THE SOUTH 1/2 OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 22, TOWNSHIP 36
NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY ILLINOIS.

EAST OF THE THIRD PRINCIPAL MERIDIAN,

PIN: 16-14-408-034-0000

CKA: 3518 WEST POLK STREET, CHICAGO, IL, 60624